A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 mont C Check box if filing under: Form 5558 automatic extension special extension (enter description) a start equested information 1 Part II Basic Plan Information—enter all requested information 1 1a Name of plan 1 1 ARX REALTY & IMPROVEMENT CO., INC. 401(K) PLAN 1 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2 WARX REALTY & IMPROVEMENT CO., INC. 10. 23a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address AUDE T. CHANDONNET, JAGDISH SHAH 708 THIRD AVENUE 3 AUDE T. CHANDONNET, JAGDISH SHAH 708 THIRD AVENUE 3	6057(b) and 6058(a) of to the Form 5500-SF. This Form is Open to P Inspection and ending 12/31/2012 t multiemployer) a one-participant plan t (less than 12 months) DFVC program 1b Three-digit plan number (PN) ▶ 01 1c Effective date of plan 01/01/2010 yer plan) 2b Employer Identification Num (EIN) 2c Sponsor's telephone number 212-557-1400 2d Business code (see instructi 531310	Jilic
Department of Labor Enclose Benefits Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-S Part I Annual Report Identification Information . Complete all entries in accordance with the instructions to the Form 5500-S Part I Annual Report Identification Information . Complete all entries in accordance with the instructions to the Form 5500-S Part I Annual Report Identification Information . Complete all entries in accordance with the instructions to the Form 5500-S Part I Annual Report Identification Information . Complete all entries in accordance with the instructions to the Form 5500-S Part I a single-employer plan a multiple-employer plan (not multiemployer) B This return/report is for: a single-employer plan a short plan year return/report (less than 12 mont C Check box if filing under: Form 5558 automatic extension B special extension (enter description) Basic Plan Information—enter all requested information Ia Name of plan Ia Name of plan 1 ARX REALTY & IMPROVEMENT CO., INC. INC. 401(K) PLAN 1 B THICD AVEN	6057(b) and 6058(a) of to the Form 5500-SF. This Form is Open to P Inspection and ending 12/31/2012 t multiemployer) a one-participant plan t (less than 12 months) DFVC program 1b Three-digit plan number (PN) ▶ 01 1c Effective date of plan 01/01/2010 yer plan) 2b Employer Identification Num (EIN) 2c Sponsor's telephone number 212-557-1400 3b Administrator's EIN 13-1016330 sor Address 3b 3c Administrator's telephone number	JUIC
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NEW YORK, NY 10017		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	plan, enter the 4b EIN	
a Sponsor's name	4c PN	
5a Total number of participants at the beginning of the plan year	<u>5a</u>	
b Total number of participants at the end of the plan year	5b	
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		1
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA		
under 29 GER 2520 104-467 (See Instructions on Walver eligibility and conditions.)		וך
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Fo	X Yes]
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Fo	west instead use Form 5500.	י [
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use For Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, a	Yes The second s	dule
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If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use ForCaution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable causeUnder penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, a belief, it is true, correct, and complete.SIGN HEREFiled with authorized/valid electronic signature.06/05/2013JAGDISH SHAHSIGN HEREFiled with authorized/valid electronic signature.06/05/2013JAGDISH SHAH	Yes A Yes a reasonable cause is established. hed this return/report, including, if applicable, a Sche this return/report, and to the best of my knowledge a DISH SHAH er name of individual signing as plan administrator	ind

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	7a	36780	8			594636
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	36780	8			594636
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0(4)	3650	4			
(1) Employers	8a(1)	36594 14772				
(2) Participants	8a(2) 8a(3)	14/72	1			
(3) Others (including rollovers) b Other income (loss)	8b	4301	٨			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	4301	4			007005
d Benefits paid (including direct rollovers and insurance premiums	00					227335
to provide benefits)	8d					
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f	50	7			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					507
i Net income (loss) (subtract line 8h from line 8c)	8i					226828
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
		from the List of Plan Charac	JUEIISI	0000		, manuchana.
Part V Compliance Questions			Jensi			
10 During the plan year:				Yes	No	Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 	tions within thuciary Correct	ne time period described in tion Program)	10a			
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest 	tions within th uciary Correct ? (Do not incl	ne time period described in tion Program) lude transactions reported	10a		No X	
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided to the plan the plan. 	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not	he time period described in tion Program)	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X X X X X X X X X	Amount
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С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	art VII Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No		
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No	
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)					
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN